

INTRODUCTION

Iowa Code Chapter 155 and 761 IAC 620.15 (321J) regarding substance abuse evaluation and treatment or rehabilitation services for persons' whose license is revoked under Iowa Code Chapter 321J, requires substance abuse treatment programs to be licensed by the Iowa Department of Public Health, Division of Behavioral Health. If your program is to be licensed or relicensed, please review all instructions carefully.

The following items are enclosed within:

- 1. Licensure Procedures;**
- 2. Application Instructions;**
- 3. Application Form; and,**
- 4. Licensure Standards and Amendments (enclosed on separate documents).**

The completed application form **is to be submitted** with the required supplemental materials to:

**Iowa Department of Public Health
Division of Behavioral Health
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-0025
www.idph.state.ia.us**

If questions arise, please contact Division of Behavioral Health at (515) 242-6161.

LICENSURE PROCEDURES

I. PHASE 1 - APPLICATION PROCESS

- A. Mailing of Application:** Application mailed to program by the Division 90 calendar days prior to expiration of current license. Upon request by new applicants, an application shall be mailed by the Division.
- B. Initial Applications for Licensure:** All programs applying for an initial (first time) license shall be inspected by the Department of Public Health, Division of Behavioral Health, and approved by the Iowa State Board of Health prior to opening and offering services.

The application for licensure must be complete and will be reviewed prior to a scheduled on-site review. The on-site review may not include a review of clinical areas since there may not be any clients/patients being served if the program is not operating under another license or accreditation.

A licensure inspection report will be presented to the Iowa State Board of Health. Upon determination by the Board, the initial applicant may be issued a license for 270 days if unable to qualify for a license for one (1), two (2) or three (3) years.

- C. Application Review:** When a program submits the completed application, a thorough review of the application will be made by the licensure staff for completeness. If additional information is required, a written request will be sent specifying the additional information needed.

II. TECHNICAL ASSISTANCE:

Programs applying for a license to operate for the first time will be given the opportunity to be visited by a licensure bureau staff member for the purpose of providing technical assistance regarding the license standards. Such technical assistance visit(s) shall be scheduled and conducted following the department's receipt of the licensure application. Technical assistance can be waived at the discretion of the program, by notifying the Division in writing.

III. PHASE 2 - LICENSURE ON-SITE PROGRAM INSPECTION

- A. **On-site Inspection:** An on-site licensure inspection of the program will be conducted within a time frame established by the Division following the receipt and review of the application for licensure. During this visit, the on-site inspection team will meet with the director, selected staff members and clients. Patient/client records and program policies and procedures will be reviewed. Upon completion of the inspection, the Division will submit an inspection report to the Iowa State Board of Health, and a copy also will be mailed to the program.
- B. **Iowa Board of Health Meeting:** At the board meeting, the inspection reports and application forms will be reviewed by the board members. The Board will render a decision on issuance or denial of a license based on the review and the Department's recommendation.
- C. **Iowa Board of Health Approval of a License:** Those applicants whose applications are approved will be issued a license which contains two principle categories of information. The first will describe the type and nature of services that the program is authorized to provide (i.e., *assessment and evaluation*). The second will represent the time frame for which the license is issued. A renewable license may be issued for one, two or three years. A program applying for its first license may only be issued a license for 270 days. A license issued for 270 days cannot be renewed or extended. The renewal of a one, two or three year license shall be contingent upon demonstration of continued compliance with the licensure standards, and based on the point value as reflected in the Licensure Weighting Report.

IV. DENIAL OF A LICENSE

Please refer to sections 641-155.10 (125) Grounds for Denial of Initial License and 641-155.11 (125) Suspension, Revocation, or Refusal to Renew a License, IAC-641, Chapter 155 Licensure Standards for Substance Abuse Treatment Programs, for detailed information.

APPLICATION INSTRUCTIONS

The same application form is utilized for initial (first time) applicants for licensure as well as for renewal of an existing license.

The form itself contains nine (9) major areas of information, each of which must be completed in detail. The nine (9) major areas in the following application instructions correspond to the nine (9) areas in the application form.

1. **PROGRAM NAME AND ADDRESS:** The full official title of the program must be used. Give the telephone number, fax number, address (including zip code) and e-mail address of the program's headquarters; counties served; and, if the program uses more than one facility, provide the addresses, telephone numbers and purpose or type of services provided at all facilities. Also list the days and hours of operation for each facility. If applicable, list Substance Abuse Reporting System (SARS) program/facility code.
2. **DIRECTOR:** Include the full name, title and address of the director or administrative head of the program, or person in private practice as a sole practitioner.
3. **GOVERNING BODY:** Give the names, addresses, businesses/agencies and occupations of the program's governing body and advisory council. Submit a copy of existing Articles of Incorporation and Bylaws. Use attached supplemental sheets, if necessary. Persons in private practice as sole practitioners are exempt. Submit documentation.
4. **STAFF MEMBERS:** Provide names, titles, dates of employment, education, and years of current job-related experience, and type of license or certificate and number, for staff and volunteers.
5. **PROGRAM SUPPORTIVE CONSULTATIVE PERSONNEL(when appropriate):** Provide the names, addresses and license number of physician(s), other professionally trained personnel; and, other individuals or organizations with whom the program has a contract or affiliation agreement. Attach a copy of each contract or affiliation agreement.

6. Services for which licensure application is being made.
7. Submit copies of reports substantiating compliance with state and local rules and laws for each facility, to include appropriate state fire marshal's rules and fire ordinances.
8. Submit copies of the following materials in order to facilitate and expedite the on-site inspection.
 - A disc containing policies and procedures (each initial or re-applicant needs to submit complete comprehensive Policy and Procedure Manual);
 - Policies and procedures that establish and describe staff development.
 - Articles of Incorporation and Bylaws, if applicable.
9. Please provide the following Insurance information.
 - Documentation of the Board of Director's annual review of the insurance program
 - Building and Equipment;
 - Workers' Compensation; and,
 - Fidelity Bond.

When completed, mail the application form and supplemental materials to:

**Iowa Department of Public Health
Division of Behavioral Health
Lucas State Office Building
Des Moines, Iowa 50319-0075
(515) 242-6161
(515) 281-4535 (Fax)
www.idph.state.ia.us**

**APPLICATION FOR LICENSURE
FOR ASSESSMENT AND EVALUATION PROGRAM**

1. Program Name:	
Address:	
Counties Served:	
Telephone ,fax:	()
E-Mail address	
Status of Facility:	<input type="checkbox"/> New <input type="checkbox"/> Existing/Same
Days and Hours of Operation:	
If applicable, Substance Abuse Reporting System program/facility code:	
ADDITIONAL FACILITIES (if applicable)*	
Facility Name:	
Address:	
Counties Served:	
Telephone :and FAX:	()
Status of Facility:	<input type="checkbox"/> New <input type="checkbox"/> Existing/Same
Days and Hours of Operation:	
If applicable, Substance Abuse Reporting System program/facility code:	

ADDITIONAL FACILITIES (if applicable)		
	Facility Name: Address: Counties Served Telephone and FAX: () () Status of Facility: <input type="checkbox"/> New <input type="checkbox"/> Existing/Same Days and Hours of Operation: If applicable, Substance Abuse Reporting System program/facility code:	
2.	Director: Title: Address: Telephone and Fax E-Mail Address	

3. List Board Of Directors and Indicate Chairperson, if applicable

(Please attach supplemental sheet, if necessary).

NAME	ADDRESS	BUSINESS/OCCUPATION/AGENCY (if any)

NOTE: Programs must submit a copy of existing articles of incorporation and bylaws.

4. STAFF MEMBERS AND VOLUNTEERS

Please type or print. (Attach supplemental sheet, if necessary).

Name	Title	Date of Employment	Number of Years of Formal Education	Academic Degree(s) or Certificates Earned	Years of Current, Paid, Job Related Experience	Type of License or Certificate and Date of Expiration

5. Where appropriate provide the names, addresses and license numbers, , of physician(s), other professionally trained personnel, and other individuals or organizations with whom the program has a contract or affiliation agreement. Attach copies of all contracts or affiliation agreements.

6. **SERVICES FOR WHICH LICENSURE APPLICATION IS BEING MADE:**
INTAKE AND ASSESSMENT SERVICE ONLY Assessment and Evaluation
Program for:

_____ **Adult**
_____ **Juvenile**

7. Submit copies of reports substantiating compliance with appropriate state fire marshal's rules and/or local fire safety ordinances, for each facility.
8. Submit copies of a complete policies and procedures manual, staff development and training policies and procedures; and bylaws and, articles of incorporation, if applicable.
9. Submit board minutes if applicable, to reflect review and approval of the insurance program, and/or verification of insurance coverage; to include, building and equipment, workers' compensation, and fidelity bond.

Applicant's Signature (Executive Director,
Program Director, Sole Practitioner)

Board of Directors Chairperson's
Signature (if applicable)

Title

Date

Current Mailing Address
of Board Chairperson

Date